

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/15/2015
FORM APPROVED
OMB NO. 0938-0391

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|---|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155761 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 10/09/2015 | |
| NAME OF PROVIDER OR SUPPLIER BROWNSBURG MEADOWS | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2 E TILDEN BROWNSBURG, IN 46112 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 000 | <p>INITIAL COMMENTS</p> <p>This visit was for an investigation of Complaint IN00183939.</p> <p>This visit was in conjunction with a Recertification and State Licensure Survey and the Investigation of Complaint IN00183558 and Complaint IN00183241 completed on October 9, 2015.</p> <p>Complaint IN00183939 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey Dates: October 1, 2, 5, 6, 7, 8, and 9, 2015.</p> <p>Facility Number: 011367 Provider Number: 155761 AIM Number: 200851590</p> <p>Census Bed Type: SNF: 16 SNF/NF: 106 Total: 122</p> <p>Census Payor Type: Medicare: 19 Medicaid: 63 Other: 40 Total: 122</p> <p>Sample: 4</p> <p>Brownsburg Meadows was found to be in compliance with 42 CFR Part 483, Subpart B and IAC 16.2-3.1 in regard to the investigation of Complaint IN00183939.</p> <p>Quality review completed 10/13/15 by 29479.</p> | | | F 000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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